SCHEDULE 5-E				PAGE 38 / 113		
ITEMIZED INDEPENDENT EXPENDITURES				FOR LINE 7 FOR FORM 5		
NAME OF FILER (In Full)						
HUMANE SOCIETY LEGISLATIVE FUND						
Full Name (Last, First, Middle Initial) of Payee			Date			
Sara Amundson			M M 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1627 A Street, NE			Amount	22 2000		
1027 A Street, NE			7 induit	5.74		
City	State	Zip Code		5.74		
Washington	DC	20002				
Purpose of Expenditure		Category/	Office Sought:	House State: <u>CA</u>		
Staff Time		Туре	House	Senate District: 23		
Name of Federal Candidate Supported or Opposed by	y Expenditure:			President District: 20		
Lois Capps			Check One:	Support Oppose		
Calendar Year-To-Date Per Election			Disbursement For: X Primary General			
for Office Sought		.00	Other (specify)	_		
Full Name (Last, First, Middle Initial) of Payee			Date			
Sara Amundson			мм	/ D D / Y Y Y		
Mailing Address			0.5	D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
1627 A Street, NE			Amount			
City	State	Zip Code		5.74		
Washington	DC	20002				
Purpose of Expenditure		Category/	Office Sought:	House State: CA		
Staff Time		Type	House	Senate		
Name of Federal Candidate Supported or Opposed by	y Expenditure:			President District: 24		
Elton Gallegly	•		Check One:	Support Oppose		

Calendar Year-To-Date Per Election for Office Sought		.00		bursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Sara Amundson				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				
1627 A Street, NE				Amount
City	State	Zip Code		5.74
Washington	DC	20002		
Purpose of Expenditure		Category/	Off	ice Sought: X House State: CA
Staff Time		Type	Η.	. 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

1 dipose of Exponditure	Category/	Cinico dougini.	X House	State: CA
Staff Time	Туре	House	Senate	District: 27
Name of Federal Candidate Supported or Opposed by Expenditure:		President	Biotriot	
Brad Sherman		Check One:	X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For 2008 Other (specify)	г ппагу	General
(a) SURTOTAL of Itemized Independent Expenditures				17.22

SUBTOTALof Unitemized Independent Expenditures		-	 	-	-

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

(a) SUBTOTAL of Itemized Independent Expenditures